Bealth Department, City of Baltimore.
rermit No. 1 / A Office of Rome town we are
The Physician who attended any person in a last illness, is responsible for the presentation of this Continued
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately fill sooner, if requested so to do, under penalty of law.
No Permit for Burial of the Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, May, 9. 1889
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names } Marry Wilson
Sex, Male or Female, {Cross out the word not } required in this line.}
Age, about 35 Years, Months
Color, coloned
Married, Single, Willow or Willower, {Cross out the words not}
Occupation,
Birth Place, {State or country, and how long in the United States, } Eastern Shone
Duration of Residence in the City of Baltimore, about 17 years.
Place of Death, {Give Street and} Bethel Street 214 men (5.11
Cause of Death, Second (Immediate), Thusis Value and
Duration of Last Sickness, about 5 weeks
Place of Burial, Levrel Come len
Date of Burial, may 11 1887 Sololus a Follow
Undertaker, William bing Medical Attendant.
Place of Business, 15000 15 8t Address, 1 & Ten Lough Tes
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the
Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city it shall be the days

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special accention of thysicians is nespectantly inviced to the nematas below, and to hist of biseases of back of this certainence.
Bealth Department, City of Baltimore.
Permit No. 49723 Office of Registrar of Vital Statistics. Ward
The Dhysician who attended any person is a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if
requested so to do, under penalty of law. No Permit for Burni Can be Obtained without a Proper Certificate.
CERTIFICATE DEATH.
Date of Death, Thay ! ! ! ! ! !
Full Name of Deceased, Write legibly and spell for not named, give names of parents.
Sex, Male or Fomale, (ross out the word not)   Thury Collect
Age, / Years, Months, Days.
Color, White
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, 6 9
Place of Death, {Give Street and }
Cause of Death, Second (Immediate), will V Near Part Traline
Duration of Last Sickness, ———————————————————————————————————
Place of Burial, Leoceder Parky
Date of Burial, May 12
J. Undertaker, Fosifik Berth M. D. Medical Attendant.
Place of Business, 1003 Buttimon Address, 190 11 Somband
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.
Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.  [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of the	his Certificate.
Permit 10. ———————————————————————————————————	urately filled out
Date of Death, Death, CERTIFICATE OF DEATH.	
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.  Sex, Male or Female, {Cross out the word not } Tennal  Age, Years, Months,	Days.
Color,	
Married, Single, Widow or Widower, {Cross out the words not required in this line.}  Occupation,  Birth Place, {State or country, and how long in the United States, if of foreign birth.}	
Duration of Residence in the City of Baltimore, Mice buth  Place of Death, {Give Street and } 23/ / Com Rey	
Cause of Death, { First (Primary), Malena Second (Immediate),	
Place of Burial, London Park Contest  Date of Burial Moon 11 # 1882	

W. Prate Stadress.

Place of Business, \$ 647

M. D.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Bealth Bepartment, Gity of Baltimore.
Permit No. 99725 Office of Registrar of Vital Statistics. Ward 9 9
The Physician sho attended any person in a last illness, is included for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if
requested so to do, under penalty of law.  No Permit for Burial can be supply without Profer Certificate.
CERTIFICATE OF DEATH.
Date of Death, Mary 10 1887
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, 45 Years, Months, Days
Color, Whate
Married, Single, Widow or Widower, {Cross out the words not } required in this line.
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, 19 years
Place of Death, (Give Street and) 50 Harrison A-
Cause of Death, { First (Primary), Memorphanise Second (Immediate), Appopleyy
Duration of Last Sickness, I week, All the above information should be furnished by the Physician.
Place of Burial, ST buncents Cometery
Date of Burial, May 11-11 1887 8 18
(Undertaker, Men Alchaeffer Medical Attendant.
Undertaker, Mr Alchaeffer O. 6. 13 alcharia M. D.  Medical Attendant.  Place of Business, 8. S. Front ST Address, 304 M. Exets.
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.
Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.  [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

The Special Attention of Physicians	is Respectfully Invited to the Re	marks below, and to	List of Diseases on back of the	kis Certificate.
<b>Health</b>	Department,	City of	Baltimore.	
Permit No. 726  The Physician who attended a to the Undertaker or other person strequested so to do, under penalty of No Permi	Office of Registrations person in a last illness, is respondent the burial within law.  To FOR BURIAL CAN BE OBTAIN	onsible for the present twenty four hours after	ration of this Certificate, accept the death of said deceased	urately filled out,
CER	TIFICATE	MARKE	EATH.	外
Date of Death,			10th 1887	
Full Name of Deceased, $\left\{  ight.$	Write legibly and spell correctly. If an Infant not named, give names of parents.	st & Lena	Manna Car	rents]
Sex, Mode or Female, Cross required	s out the word not \\ ired in this line. \( \)			
Age, ———	Years,	Month	s. 10 Minute	1 1.
Color,		The state of the s	hite	
Married, Single, Widowo	Cross out the word required in this lin	s not		
Occupation,	//			
Birth Place, State or country, an long in the United State of foreign birth.	d how }	Ba	Mimore Es	ty
Duration of Residence in	15		Sife	
$Place \ of \ Death, \{^{ ext{Give Street an}}_{ ext{Number.}}$	a} No 1001 (	Ausquith	st	6
$\it Cause of Death, egin{cases} { m First (Prison of Second (I))} \\ { m Second (I)} \end{cases}$	mary),	Frema	ture Birth	(6 mis
Duration of Last Sicknes		Long	le	
Place of Burial, Ball	imore bem	1		
Date of Burial, May	11 1887	Tomas	Heung	M. D.
{ Undertaker, August Place of Business, 106	\ \	dress, Ca	nu gran	2

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The true of the duty of the person deceased, and the cause and date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to Li	ist of Diseases on back of this Certificate.
Bealth Department, City of	
Permit No. 972 Office of Registrar of Vital Sie  The Physician who attended any person in a last illness, is represented to the Undertaker or other person superintending the burial, within twenty-four hours after	
requested so to do, under pensity of law.  No Permit for Burial Can be betained without the person superintending the burial, wathin the hours after requested so to do, under pensity of law.	
CERTIFICATE OF DE	EATH.
Date of Death, May 10	
Full Name of Deceased, \( \begin{cases} \text{Write legibly and spell} \\ \text{correctly. If an Infant} \\ \text{not named, give names} \end{cases} \]	Meegelf meyers
Sex, Male or Female, { cross out the word not }	· · · · · · · · · · · · · · · · · · ·
Age, Years, OUL Months,	Mestica Days.
Color, While	C
Married, Single, Widow or Widower, {Cross out the words not }	
Occupation, None	- 1
Birth Place, \{State or country, and how long in the United States, if of foreign birth. \Balkmore. \Balkmore. \Bo.	
Duration of Residence in the City of Baltimore,	
Place of Death, {Give Street and }	enna pe
Cause of Death, Second (Immediate), Congestion	The lungs
Duration of Last Sickness, 4 (Week)	
Place of Burial, Western Cemetary	
Date of Burial, May 11 th	e la frience
(Undertaker, andrew Rohde	Medical Attendant.
Place of Business, 730 Perma Ave Address, 953	Madeion he

Section 2. And be it further exacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

he Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of thic Certifican Health Department City of Baltimore. t No. 99728 Office of Registrar of Vital Statistics. Ward /2

The Physician who attended any person in clast illness, is responsible for the presentation of this Certificate, accurately filled. out, to the Undertaker or other person superintending the huttal, within twenty-four hor after the death of said deceased, or sooner if requested so to do, under penalty of law. NO PERMIT FOR BURIAL CAN BE CERTIFICATE Date of Death,  $Full \ \ Name \ of \ \ Deceased, \left\{ egin{array}{ll} ext{Write legibly and spell} \\ ext{correctly.} & ext{If an Infant} \\ ext{not named, give names} \\ ext{of parents.} \end{array} 
ight\}$ Sex, Mate or Female, Cross out the word not required in this line. Age, Months, Color, Married, Single, Widow or Widower, Cross out the words not required in this line. Occupation, Birth Place, State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of Baltimore, Place of Death, Give Street and Number. First (Primary), Cause of Death, Second (Immediate), Duration of Last Sickness, ... All the above information should be furnished by the Physician. Place of Burial Lades Sark Date of Burial 11 Chay Undertaker, & Schalmer

Perm

Dat

Full

Sex,

Age

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Date

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the sa

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Place of Business, 2140 Pena at

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.
Bealth Department, City of Baltimore.
Permit No. 99729 Office of Registrar of Vital Statistics. Ward  The Physician who attended any person in a last idness, is remensible for the presentation of this Certificate, accurately filled out,
The Physician who attended any person in a last idness, is reweasible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within accordance ours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  NO PERMIT FOR BURIAL CAN BY AND WETHOUT A PROPER CERTIFICATE.
CERTIFICATE OF DEATH.
Date of Death, Mary 10-187 - 5 A. W.
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names }
Sex, Male or Female, {Cross out the word not }
Age, 35 Years, 5 Months, Days
Color, Thite
Married, Single, Widow or Widower, {Cross out the words not } Married
Occupation, Tailor
Birth Place, State or country, and how long in the United States, Molshamy Bokenna allow
Duration of Residence in the City of Baltimore, Sex Mass
Place of Death, (Give Street and ) 9/9 Surface of Menths
Cause of Death, Second (Immediate), Come Due to bedeura of the
Duration of Last Sickness,  All the above information spould be durpished by the Physician.
Place of Burial, St Selphansus.
Date of Burial, May 18/87.
(Undertaker, Jank Grach. Medical Assendant.
Place of Business, 827. M. Durham Address, 34 or 100 So High
Extract from Degulations of the Board of Health to secure a full and correct record of the Vital Statistics in the

City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certifical
Health Department. City of Baltimore
rermit No. 1 1 Office of Regional of Della Chatistica W. 9
requested so to do, under penalty of law.
CERTIFICATE DEATH
Date of Death, May 10th, 1887
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names}
Sex, Male or Female, {Cross out the word not required in this line. }
Age, Months, Days
Married, Single, Widow or Widower, [Cross out the words not]
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, Life-time
Place of Death, {Give Street and } # 1729 alice and
Cause of Death, Second (Immediate), Typhoid - Preumonia
Duration of Last Sickness,  All the above information should be furnished by the Physician.
Place of Burial, Loudon Park Cembry
Date of Burial, ellar 12 th 1884 ) 1 1000
Undertaker, I'm dicolous The 16. dehbergen M. D.
Place of Business, 1715 allice ann, Address, \$1709 alice anna h

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause loves.

Place of Business,

The Special Attention of Physic	ians is Respectfully Invited t	to the Remarks below	, and to List of Dise	ases on back of this Cert	tificate
Healtl	h <b>D</b> epartme	ent, City	of Bal	timore.	"
Permit No. 9973.  The Physician who attends to the Undertaker or other persequested so to do, under penalt No PE	Office of Region of Region superintending the barran y of law.  RMIT FOR BURIAL CANABE.	skie responsible for the within acousty four h	al Statistic. te presentation of the	is Certificate, accurately for of said deceased, or so	g oner,
	RTIFICAT	I E UI	DEA.	l M.	
Date of Death, My	May 10 - 1	887	0		
Full Name of Deceased	Write legibly and spell correctly. If an Infant not named, give names of parents.  Cross out the word not)	Charles	Langy	lord	
Sex, Male or Female, {	**Years,	. 2	Months.	1	D
Age, Color, Colored		<u> </u>	monens,	1	Days
Married, Single, Widow	v or Widower, {Cross our required	t the words not \ in this line.	~~	1/	
Occupation,				- 1/	
Birth Place, State or country long in the Unit if of foreign bit	y, and how tited States, this	20		V	
Duration of Residence	in the City of Balt	nmore,	etime		
Place of Death, (Give Streen Numb			ing the	1.	
Cause of Death, \	(Primary), Phth	usia Va	elmon	alis	
Duration of Last Sick		ths			
Place of Burial, Ash	my ben-			-	
Date of Burial, 7	Ry 11-1887	Edwin	~ B. 7	enty 1	I. D.
(Undertaker,	marth	1		7, 11	

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

46 East A Address, 1201

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.